

**PRIVATE SCHOOLS FOR THE DISABLED**

**2003-2004**

**ANNUAL FISCAL AND PROGRAM INFORMATION**

**2003-2004 FISCAL INFORMATION**  
**GENERAL INSTRUCTIONS**

1. For convenience in completing the **2003-2004** Annual Fiscal & Program Information, this form is now in an Excel file format with a separate sheet for each page of the form with user friendly input features. This is a request for budgeted information for the 2003-2004 school year. However, if an employee has left the private school prior to the completion of this form, please indicate the employee's actual salary for the school year.

Please name the Excel file for your school by the name of the school. For example, if the school name is ABC School, please name the Excel file as ABC School.xls. Each page has been formatted to accept and suitably display the answers being entered.

2. On page one, complete the information requested at the top of the page. In column one, enter the Projected Enrollment for Public School Placement by Type of Program and total the column. In columns two and three, enter the Projected Enrollment of Private Placements by either "In-State" or "Out-Of-State" and total these columns. Enter in column four, the Total Pupils from columns one through three. Enter the number of classes by Type of Program in column five.
3. On page two, enter the requested information under Ten Month School Year and Extended School Year and complete with the names, phone number, fax number and email address for each indicated job title.
4. On page three, complete the Affidavit which requires the official seal and signature of a Notary Public and the signatures of various private school representatives.
5.
  - a. Pages have been provided for each of the following cost categories for employees: General Administration, School Administration, Business and Other Support Employees, Classroom Instruction and Support Services
  - b. Do not include employees that are considered extraordinary services (one-to-one aides). In addition do not include the employees that are in the Operation & Maintenance of Plant, Student Transportation Services and Food Services areas.
  - c. If an individual is working in more than one position, all positions and information by job title must be indicated on these forms. For example, a director who is also a school social worker must indicate the two positions on the forms along with all the requested information for each position. In addition, a school social worker who is also a physical therapist must indicate the two positions on the forms along with all the requested information for each position. Please refer to the attached SAMPLE FORMS for an example of director/school social worker positions for Joe Shore and school social worker/physical therapist positions for Betty Shore.
6.
  - a. On pages four through six, column #1, enter the position titles for all employees whose salary is charged to any of the account numbers listed on the top of the page.
  - b. On pages four through six, column #2, enter each Employee's Name – last name followed by the first name for all employees whose salary is charged to any of the account numbers listed at the top of the page.
  - c. On pages four through six, column #3, enter the employee's total organization salary in column #3A and total school salary in column #3B (**7/1/2003-6/30/2004**) of all employees whose salary is charged to any of the account numbers listed at the top of the page.

6. d. As indicated above, the amounts entered in columns #3A and 3B must be the salary for the 7/1/2003 to 6/30/2004 school year. If an employee earns \$36,000 in the ten month school year and \$6,000 in the extended school year, the total of \$42,000 must be entered in columns #3A & 3B (not employed anywhere else in the organization). Do not indicate the amounts separately. If an employee was only employed in the extended school year (not employed anywhere else in the organization) and earned \$5,000, then the amount of \$5,000 must be entered in columns #3A and 3B and "ESY" must be inserted in column #6.
- e. If the organization (corporation, partnership) operates only a private school for the disabled and the employee only works for the private school, the amounts in columns #3A and 3#B will be the same as will the hours in columns #6 and #7.
- f. If the organization (corporation, partnership) operates more than one private school for the disabled and the employee works for more than one private school, the amount in columns #3A will be the total salary in the organization and 3#B will be the salary (by private school) for the specific private school. For example, Jane Doe works for Special Education, Inc. which operates three private schools and Jane earns the following salaries: School A - \$50,000, School B - \$30,000 and School C - \$20,000. The forms for the schools will be as follows: School A – column #3A - \$100,000 and column #3B - \$50,000, School B – column #3A - \$100,000 and column #3B - \$30,000, and School C – column #3A - \$100,000 and column #3B - \$20,000.
- g. If a profit school owner(s) operates more than one private school for the disabled (separate corporations) or a non-profit organization operates more than one non-profit school (separate corporations) and the employee works for more than one of these private schools, the amount in columns #3A will be the total salary of all organizations and 3#B will be the salary (by private school) for the specific private school. For example, Jane Doe works for ABC School One, Inc., ABC School Two, Inc, and ABC School Three, Inc. and Jane earns the following salaries: School One - \$50,000, School B - \$30,000 and School C - \$20,000. The forms for the schools will be as follows: School One – column #3A - \$100,000 and column #3B - \$50,000, School Two – column #3A - \$100,000 and column #3B - \$30,000, and School Three – column #3A - \$100,000 and column #3B - \$20,000.
- h. If the organization (corporation, partnership) has more than one component and the employee works for the private school and another component(s) other than a private school, the employee's total organization salary must be entered in column #3A and the portion attributed to the private school must be entered in column #3B. For example, if Joe Doe earns a total organization salary of \$160,000 and works 25% of his time in the private school, \$160,000 must be entered in column #3A and \$40,000 must be entered in column #3B.
7. On pages four through six, column #4, enter the employment status for 2003-2004 of the employees, indicating whether the employee is full-time with a (F) or part-time with a (P). Whether an employee is full-time or part-time is based on the determination made by the private school for employment in the organization as a whole but this indication must be consistent.
8. On pages four through six, column #5, enter the total number of months the employee is employed in the 2003-2004 school year. An employee working a partial month is considered working the entire month. As an example, a teacher working from September 2003 through June 15, 2004 is considered a 10 month employee or an administrator working from July 15, 2003 through June 15, 2004 is considered a 12 month employee.

9.
  - a. On pages four through six, column #6, enter the total hours the employee works per week in the organization. If the private school isn't a stand alone organization, it's possible for an employee to work in both the private school and another part of the organization. If an employee works a total of 40 hours per week in the organization but only 20 hours for the private school, please enter 40 in column #6 and 20 in column #7.
  - b. From the example in #6f, if the employee works for an organization with three private schools the forms for the schools will be reported as follows: School A – column #6 – 40 and column #7 - 20, School B – column #6 – 40 and column #7 - 12, and School C – column #6 – 40 and column #7 - 8.
  - c. From the example in #6h, if the employee works for an organization that has more than one component and the employee works for the private school and another component(s) other than a private school, the employee's hours will be reported as follows: column #6 – 40 and column #7 – 10.
10. On pages four through six, column #7, enter the total hours the employee works in the private school per week. The number of hours indicated in column #7 may not exceed the number of hours indicated in column #6. See item #6 for examples of employees working in multiple private schools and/or working in a private school and another component in the organization.
11. On pages four through six, column #8, enter all school certifications held by the employee. Indicate "None" if the employee does not hold any type of school certification.
12. On pages four through six, column #9, enter the highest degree held by the employee. For example, if an employee has two bachelor's degrees and one master's degree, the master's degree should be inserted. Indicate "None" if the employee does not hold any type of college degree.
13. On pages four through six, column #10, enter all licenses held by the employee. Indicate "None" if the employee does not hold any type of license.
14. Complete pages 7 through 14 based on the information requested.
15. As a reminder, please name the Excel file for your school by the name of the school. For example, if the school name is ABC School, please name the Excel file as ABC School.xls. Please return a hard copy of pages 1 through 14 of the form, retain a copy for your files and forward a floppy disk of file to the department or email a copy of the file to Elise Sadler-Williams at [Elise.Sadler-Williams@doe.state.nj.us](mailto:Elise.Sadler-Williams@doe.state.nj.us).

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**S A M P L E   F O R M**

**LISTING OF GENERAL ADMIN, SCHOOL ADMIN, BUSINESS AND OTHER SUPPORT EMPLOYEES**  
**ACCOUNT #s 11-000-230-100, 11-000-240-103, 11-000-240-104, 11-000-240-105, 11-000-240-110, 11-000-290-100**  
**2003-2004**

1  POSITION TITLE	2  EMPLOYEE'S NAME Last, First	3  TOTAL AGENCY SALARY 7/1/03 – 6/30/04	4  TOTAL SCHOOL SALARY 7/1/03 – 6/30/04	5  FULL-TIME (F) PART-TIME (P)	6  10, 11 OR 12 MONTH EMPLOYEE	7  TOTAL HRS PER WEEK	8  TOTAL HRS WORKED IN PRIVATE SCHOOL PER WEEK	9  LIST ALL CERTIFICATION(S) HELD	10  HIGHEST DEGREE(S) HELD	10  LIST ALL LICENSES HELD
Director	Roast, Chuck	115,000	95,000	F	12	40	30	School Administrator	MS	None
Director	Shore, Joe	90,000	50,000	F	12	40	40	School Administrator	MS	None
Assistant Director	Ware, Della	80,000	80,000	F	12	40	40	Principal / Supervisor	MS	None
Secretary	Goat, Billy	30,000	30,000	P	12	20	20	None	AA	None
Clerical	Lettuce, Romaina	30,000	30,000	F	10	40	40	None	None	None
Principal – High School	Roast, Chuck	115,000	20,000	F	12	40	10	Principal / Supervisor	MS	None
Assistant Principal – High School	Class, Hy	45,000	45,000	F	10	40	40	Principal / Supervisor	MS	None
Clerical	Lettuce, Hedda	30,000	30,000	F	10	40	40	None	None	None
Business Manager	Force, Gail	70,000	70,000	F	12	40	40	None	BS	CPA
Bookkeeper	Nerve, Lotta	20,000	20,000	P	11	20	20	None	None	None
Bookkeeper	Thief, Jule	20,000	20,000	P	11	20	20	None	None	None
Clerical	Lettuce, Iceberga	30,000	30,000	F	10	40	40	None	None	None

\*All columns must be completed in order for the form to be considered complete. Please indicate NONE in columns 8, 9 or 10 for those individuals with no certification/degree/license. Please indicate ALL certifications, licenses and the highest degrees for each staff member.

## S A M P L E   F O R M

### LISTING OF CLASSROOM INSTRUCTION EMPLOYEES

ACCOUNTS #s 11-200-100-101, 11-200-100-104, 11-200-100-106, 11-320-100-101, 11-320-100-106, 11-000-211.1-100, 11-000-213.1-100, 11-000-216-100, 11-000-222.1-101  
**2003-2004**

1	2	3	4	5	6	7	8	9	10	
POSITION TITLE	EMPLOYEE'S NAME Last, First	(A) TOTAL ORGAN Z. SALARY 7/1/03 – 6/30/04	(B) TOTAL SCHOOL SALARY 7/1/03 – 6/30/04	FULL- TIME (F) PART- TIME (P)	10, 11 OR 12 MONTH EMPLOYEE	TOTAL HRS PER WEEK	TOTAL HRS WORKED IN PRIVATE SCHOOL PER WEEK	LIST ALL CERTIFICATION(S) HELD	HIGHEST DEGREE(S) HELD	LIST ALL LICENSES HELD
Teacher of the Handicapped	Teach, Good	65,000	65,000	F	10	30	30	TOH	MA	None
Teacher of the Handicapped	Worthy, Amnot	15,000	15,000	F	10	30	30	TOH	BS	None
Teacher of the Handicapped	Worthy, Am	17,000	15,000	F	10	30	30	TOH	BS	None
Home Economics	Wond, Delores	40,000	40,000	F	10	30	30	Teacher of Home Econ.	BS	None
Health	Coleman, Gina	18,500	18,500	F	10	30	30	Teacher of Health Educ.	MA	None
Art	Brush, Greg	25,000	25,000	P	10	15	15	Teacher of Art	MS	None
Automotive	Wond, Bob	40,000	40,000	F	10	30	30	Auto Mechanics	BS	None
Spanish	Lund, Bill	40,000	40,000	F	10	20	20	Spanish	MA	None
French	Lund, Joe	40,000	40,000	F	10	20	20	French	MA	None
School Social Worker	Shore, Joe	90,000	40,000	F	10	40	40	School Social Worker	MSW	None
School Social Worker	Shore, Betty	100,000	50,000	F	12	40	20	School Social Worker	MSW	None
Physical Therapist	Shore, Betty	100,000	50,000	F	12	40	20	Physical Therapist	MA	None
Physical Therapist	Jones, Milt	50,000	40,000	F	10	40	32	Physical Therapist	MA	None
Occupational Therapist	Jones, Steve	50,000	40,000	F	10	40	32	Occupational Therapist	MA	None
Speech Correction	Jones, Tood	50,000	40,000	F	10	40	32	Speech Correction	MA	None
School Psychologist	Freud, George	80,000	80,000	F	12	40	40	School Psychologist	MA	None

\*All columns must be completed in order for the form to be considered complete. Please indicate NONE in columns 8, 9 or 10 for those individuals with no certification/degree/license. Please indicate ALL certifications, licenses and the highest degrees for each staff member.

**SAMPLE FORM**  
**LISTING OF SUPPORT SERVICES EMPLOYEES**

**ACCOUNTS # s 11-000-211-100, 11-000-213-100, 11-000-218-104, 11-000-218-105, 11-000-218-110, 11-000-221-102, 11-000-221-104,  
 11-000-221-105, 11-000-221-110, 11-000-222-100, 11-000-222-101, 11-000-223-102, 11-000-223-104, 11-000-223-105, 11-000-223-110  
2003-2004**

1	2	3		4	5	6	7	8	9	10
POSITION TITLE	EMPLOYEE'S NAME Last, First	(A) TOTAL ORGANZ. SALARY 7/1/03 – 6/30/04	(B) TOTAL SCHOOL SALARY 7/1/03 – 6/30/04	FULL-TIME (F) PART-TIME (P)	10, 11 OR 12 MONTH EMPLOYEE	TOTAL HRS PER WEEK	TOTAL HRS WORKED IN PRIVATE SCHOOL PER WEEK	LIST ALL CERTIFICATION(S) HELD	HIGHEST DEGREE(S) HELD	LIST ALL LICENSES HELD
Super. Curriculum and Instruction	Tood, Bob	80,000	80,000	F	12	40	40	Super. Curr. & Instruc.	MA	None
Secretary	Goat, Bob	30,000	30,000	P	12	20	20	None	None	None
Clerical	Lettuce, Hedda	30,000	30,000	F	10	40	40	None	None	None
Registered Nurse	Nightingale, Flo	60,000	60,000	F	12	40	40	None	MA	RN
Attendance Officer	Freud, Bob	80,000	80,000	F	12	40	40	None	MA	None
Education Media Specialist	Shore, Albert	50,000	50,000	F	10	30	30	None	MSW	None
Assistant Education Media Specialist	Shore, Almon	40,000	40,000	F	10	30	30	None	MSW	None
Supervisor of Instruction	Cross, Chris	100,000	50,000	F	12	40	20	Supervisor	MA	None
Computer Technology	Brush, Steve	25,000	25,000	P	10	15	15	Computer Science Tech.	MS	None

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